

Dear Sir/Madam,

I would like to submit that emphasis for protecting/preventing young people from non-suicidal self injury and chronic suicidal ideation, those chronic suicidal states that are not related to acute illness but rather form a component of temperament and emerging personality must be orientated towards parenting/carer skills. Parents/carers who are better able to provide warm consistent and nurturing care with mentalising capacity and low levels of invalidation/abuse will reduce, protect and prevent DSH/suicidality in the subsequent lives of those infants/children. This preventative strategy best applies to parents of children during the first 2-3 years of the child's life during the highly sensitive period for attachment formation. It would also apply in a more acute but less effective way to those parents/carers who are looking after children who are older and perhaps already engaging in the dangerous/distressing behaviours (the actual target population).

Trying to solely address the issue 'downstream' in those who have already been effected is the wrong starting point.

Deliberate non-suicidal self injury is becoming so common in adolescent populations that it is no longer a discriminating sign in terms of identifying those who need specialist intervention. Primary care and school based interventions are therefore likely to be efficient - avoiding the pathologising and 'medicalisation' of self harm whilst at the same time validating children's struggles and difficulties.

The proportion of children who engage in deliberate self harm/suicidal behaviour as a result of mental illness is small. However, it is essential that specialist mental health resources are protected so that these children can access specialist intervention when needed. This is a real issue in the adolescent mental health inpatient environment where there is often a lot of pressure from the wider system to admit young people with deliberate self harm behaviours/chronic suicidality but where there is no treatable (in the acute sense) mental illness - meanwhile other young people with emerging severe mental illness who are at increased risk of suicide/serious self harm might not be able to access services because they are not as 'obvious' or anxiety provoking for the system.

Your faithfully,

